

This survey is designed to give us information about your health knowledge, attitudes and behaviors. Please answer all of the questions honestly. Your answers are confidential – no one will ever know how you answered. Please circle the number of the response that best matches your answer. Do not put your name on this form.

1. How much do you think people risk harming themselves (physically or in other ways) if they . .

	No risk	Slight risk	Moderate risk	Great risk	Don't know
1. Smoke one or more packs of cigarettes per day?	1	2	3	4	5
2. Try marijuana once or twice?	1	2	3	4	5
3. Smoke marijuana regularly?	1	2	3	4	5
4. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	1	2	3	4	5

2. How wrong do you think it is for someone your age to . . .

	Very wrong	Wrong	A little bit wrong	Not wrong at all	Don't know
1. Drink beer, wine, or hard liquor (for example vodka, whiskey or gin) regularly?	1	2	3	4	5
2. Smoke cigarettes	1	2	3	4	5
3. Smoke marijuana	1	2	3	4	5
4. Use LSD, cocaine, amphetamines or another illegal drug?	1	2	3	4	5

3. How frequently have you smoked cigarettes during the past 30 days?

Not at all	Less than one cigarette per day	One to five cigarettes per day	About one-half pack per day	About one pack per day	About one and one-half packs per day	Two packs or more per day
1	2	3	4	5	6	7

4. How often have you taken smokeless tobacco during the past 30 days?

Not at all	Once or twice	Once to twice per week	Three to five times per week	About once per day	More than once per day
1	2	3	4	5	6

5. On how many occasions during the last 30 days have you . . .

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20-39 occasions	40 or more
1. Had alcoholic beverages to drink (more than just a few sips)	1	2	3	4	5	6	7
2. Used marijuana (grass, pot) or hashish (hash, hash oil)	1	2	3	4	5	6	7
3. Sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high	1	2	3	4	5	6	7
4. Taken amphetamines (speed, bennies, dexies, pep pills, diet pills, meth or crystal meth) on your own, that is, without a doctor telling you to take them	1	2	3	4	5	6	7
5. Taken 'crack' cocaine (cocaine in chunk or rock form)	1	2	3	4	5	6	7
6. Taken cocaine in any other form (like cocaine powder)	1	2	3	4	5	6	7

Thank you for taking part in this survey!